

**CAMP CRAVE**  
PLEASE COMPLETE AND RETURN

RELEASE, INDEMNITY AND ASSUMPTION OF RISK

In consideration of my child being allowed to participate in the Camp CRAVE, I/We the parent or legal guardian of \_\_\_\_\_, I/We, \_\_\_\_\_ (print name of parent/guardian), hereby grant permission for my child to participate in the activities related to the Camp CRAVE. This Release, Indemnity and Assumption of Risk Statement covers all events and occurrences associated with the activities, participation and observation. I understand that my child will be asked to participate in group and/or one-on-one instruction in the Camp CRAVE and will be expected to behave in an appropriate manner within such activities. If my child's behavior is excessively disruptive, I understand that administrative personnel from the Camp CRAVE have the option of removing him/her from the activity and/or the program. If the need arises, I understand that I will be asked for a conference with Camp CRAVE administrative personnel before such action is taken. For myself and on behalf of my child, I understand the risks and agree to assume the risk that unexpected events may occur and result in harm, injury or illness to my child, or damage to or loss of property while my child is participating in, observing, or traveling to or from the activities. I agree not to sue or otherwise make a claim against ASU for any harm or damage associated with my child's participation or observation or other items covered in this release if the harm or damage is not due to the gross negligence or fault of ASU. I also agree to indemnify ASU for all damages or injuries that are the result of my or my child's negligence or acts. I understand that Camp CRAVE activities are voluntary and I agree to accept responsibility for my child's personal safety. I consent to the provision of emergency medical treatment for my child to the extent that the treatment is necessary in the opinion of the medical professional rendering the treatment. I understand that Camp CRAVE staff members WILL NOT ADMINISTER PRESCRIPTION OR NON-PRESCRIPTION MEDICATION. In this agreement, "ASU" means Arizona State University, the Arizona Board of Regents, the State of Arizona and their employees and agents.

Parent/Legal Guardian Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

In the case of an emergency, please contact:  
Name: \_\_\_\_\_  
Phone: \_\_\_\_\_